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CONFIRMATION NO. 3137

<b>SERIAL NUMBER</b> 10/781,250	<b>FILING OR 371(c) DATE</b> 02/18/2004 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2616	<b>ATTORNEY DOCKET NO.</b> 160-034	
<b>APPLICANTS</b> Floyd Backes, Sharon, NH; Laura Bridge, Sharon, NH;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/449,602 02/24/2003 and claims benefit of 60/466,448 04/29/2003 and claims benefit of 60/472,320 05/21/2003 and claims benefit of 60/472,239 05/21/2003 <i>grob</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE grob</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/14/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>grob</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 62	<b>TOTAL CLAIMS</b> 56	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 34845					
<b>TITLE</b> Program for selecting an optimum access point in a wireless network on a common channel					
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		